

# CONTRACTOR REQUEST FOR ASSIGNMENT OF A LOGON IDENTIFIER

(Prescribing Authority: DRMS-D 5200.2)

## SECTION I

(To be completed by the Contracting Officer's Representative (COR))

### A: COR DATA

1. NAME	2. ADDRESS	3. PHONE
4. OFFICE SYMBOL	5. E-MAIL	

### B: CONTRACT TITLE AND NUMBER

### C. INDIVIDUAL CONTRACTOR INFORMATION

1. CONTRACTOR'S NAME	
2. COMPANY NAME AND ADDRESS	
3. CONTRACTOR'S POSITION TITLE	
4. CONTRACTOR'S BIRTH DATE	5. CONTRACTOR'S SOCIAL SECURITY NUMBER
6. ENTER LOGON IDENTIFIER (If previously assigned by DLA)	

7. IF PREVIOUSLY ASSIGNED ID, IS ID STILL IN USE OR ACTIVE? ☐ YES ☐ NO

### D. COR CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE SECURITY CLAUSE OF THE CONTRACT IDENTIFIED ABOVE AND THAT THE LOGON IDENTIFIER IS NEEDED IN THE PERFORMANCE OF THE CONTRACTUAL DUTIES.

COR SIGNATURE

DATE

## SECTION II

(To be completed by the Personnel Security Specialist)

I HAVE PERFORMED A REVIEW CONCERNING THE NAMED INDIVIDUAL (LINE C.1), AND MY FINDINGS ARE AS FOLLOWS:

- ☐ THE INDIVIDUAL HAS HAD A FAVORABLY ADJUDICATED INVESTIGATION
- ☐ AN UNFAVORABLE ADJUDICATION IS ON RECORD
- ☐ NO INFORMATION IS AVAILABLE INDICATING THE PERSON HAS HAD AN INVESTIGATION. IF INFORMATION IS NOT AVAILABLE, A BACKGROUND CHECK WILL BE INITIATED. ☐ YES ☐ NO (NOTE: IF "NO" BOX IS CHECKED, EXPLAIN IN REMARKS)

REMARKS

PERSONNEL SECURITY SPECIALIST SIGNATURE

DATE